

OPEN RECORDS REQUEST FORM

(DI. D.: . (OI . . . I .)

Name of Requesting Party:			
		Provide a description of the public reco	ord documents requested:
			s a resident of the Commonwealth Kentucky:
Requested this day of	, 20		
	Signature of Requesting Party		

Hours of Operation: Monday thru Friday from 8:30 a.m. until 4:30 p.m. local time.

Requests for City of Newport, Kentucky public records documents must be made to the attention of the City Clerk. Requests will be accepted at the address listed above via regular mail, hand delivery, facsimile to 859-292-3668 or by e-mail to jpatterson@newportky.gov. There is a \$0.10, per page (size 8 ½ x 11"), charge for copies for most documents produced. It may take up to five (5) business days after receipt of the Request to respond. You will be notified when the requested public record documents are ready or with a determination as to the reason for denial. You may be contacted at the phone number of e-mail address provided for the purposes of discussing your Request or for notification.